PTQ/S8/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Calumn 1) (Calumn 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE (37 CFR 1.18(a)) 395.K :790.00 OR TOTAL CLAIMS x : 25 x 50 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS x 1/00 x 200. (37 CFR 1.16(b)) ΩR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is tess than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Cotumn 1) SMALL ENTITY SMALL ENTITY CĻAIMS HIGHEST ⋖ PRÉSENT REMAINING NUMBER RATE RATE ADD1 AFTER PREVIOUSLY AMENDMENT **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Fotal (37 CFR 1,16(el) 0 OR Independent (37 CFR 1.10(b)) Minus ð x 文(0) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)) OR TOTAL OR ADD'L FEE ADD'L FEE 40:06 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 0 REMAINING NUMBER PRESENT RATE ADDI-RATE ADDL AMENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL MENDMENT PAID FOR FEE · Total (37 CFR 1.15(c)) Minus 20 0 OR Independent (37 CFR 1,160B Minu × **4.**20E OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0)) OR TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADD1-RATE PREVIOUSLY **EXTRA** AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (32 CFR 1.16(4) Minus ENDM OR Micus independent (37 CFR 1,16(b)) -OR ξ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,15(6)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE ... til the ontry in column 1 is less than the entry in column 2, write "0", in column 3, Sammagareta "If the "Highest Number Previously Paid For" IN-THIS SPACE is less than 20, enter 20".... "If the "righest Number Previously Paid For" (I THIS SPACE is less than 3, enter 3'.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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